County: Eau Claire Facility ID: 5300 Page 1
SYVERSON LUTHERAN HOME

816 PORTER AVENUE			
EAU CLAIRE 54701 Phone: (715) 832-1644		Ownershi p:	Non-Profit Church Related
Operated from 1/1 To 12/31 Days of Operation:	366	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/00):	115	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/00):	115	Average Daily Census:	109
Number of Residents on 12/31/00:	112	o v	

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care Supp. Home Care-Personal Care	No Yes	Primary Diagnosis	%	Age Groups	% 	Less Than 1 Year 1 - 4 Years	25. 0 46. 4
Supp. Home Care-Household Services Day Services	Yes No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 44. 6	Under 65 65 - 74	0. 9 3. 6	More Than 4 Years	28. 6
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	1. 8 0. 0	75 - 84 85 - 94	32. 1 50. 9	**********	100.0
Adult Day Health Care Congregate Meals	No Yes	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 1. 8	95 & 0ver	12. 5	Full-Time Equivaler Nursing Staff per 100 Re	
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	0. 0 20. 5	65 & 0ver	100. 0 99. 1	(12/31/00)	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	5. 4 2. 7	Sex	 %	RNs LPNs	11. 9 3. 6
Other Services Provide Day Programming for	No	Respiratory Other Medical Conditions	7. 1 16. 1	 Male	17. 9	Nursing Assistants Aides & Orderlies	45. 5
Mentally Ill Provi de Day Programming for	No		100. 0	Female	82. 1		
Developmentally Disabled	No		ale ale ale ale ale ale ale a		100. 0		ale ale ale ale ale ale ale ale

Method of Reimbursement

		Medi (Titl			Medic (Title			0th	er	P	ri vate	Pay	 I	Manageo	d Care		Percent
			Per Die	em		Per Diem			Per Diem		Per Diem		1	Per Diem To			Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	1	2. 0	\$118. 30	0	0. 0	\$0.00	1	1. 7	\$148.50	0	0. 0	\$0.00	2	1. 8%
Skilled Care	3	100.0	\$270.59	42	84. 0	\$100.91	0	0.0	\$0.00	56	94. 9	\$122.50	0	0. 0	\$0.00	101	90. 2%
Intermedi ate				7	14.0	\$83. 53	0	0.0	\$0.00	1	1.7	\$122.50	0	0.0	\$0.00	8	7. 1%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	1	1.7	\$53.00	0	0.0	\$0.00	1	0. 9%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Venti l ator- Depende	nt 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total	3	100.0		50	100. 0		0	0.0		59	100.0		0	0.0		112	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Percent Admissions from: Activities of % Totally Number of Private Home/No Home Health 11.6 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 2. 3 Baťhi ng 3. 6 71.4 **25.** 0 112 Other Nursing Homes 4.7 **Dressing** 8. 0 71.4 20. 5 112 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 80. 2 Transferring 30.4 47.3 22.3 112 Toilet Use 39.3 33.0 0.0 27.7 112 0.0 Eating 69. 6 14. 3 16. 1 112 Other Locations 1. 2 Total Number of Admissions Continence Special Treatments 86 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Indwelling Or External Catheter Percent Discharges To: 5.4 4. 5 Private Home/No Home Health 30. 2 Occ/Freq. Incontinent of Bladder **54**. **5** 0.0 Private Home/With Home Health 16. 3 Occ/Freq. Incontinent of Bowel 30. 4 0. 9 Other Nursing Homes 7.0 0.9 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 14.0 Mobility 2.7 Physically Restrained 6.3 0.0 26.8 0.0 Other Locations 4.7 Skin Care Other Resident Characteristics 27. 9 8. 9 Deaths With Pressure Sores Have Advance Directives 67.9 Total Number of Discharges With Rashes 0.9 Medications Receiving Psychoactive Drugs (Including Deaths) 48. 2

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Ownershi p:		Bed	Bed Size:		Li censure:			
	Thi s	Nonprofit		100-	100- 199		Skilled		Al l	
	Facility	Peer	Peer Group		Peer Group		Group	Facilities		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio	
Occupancy Rate: Average Daily Census/Licensed Beds	94. 8	87. 8	1.08	83. 6	1. 13	84. 1	1. 13	84. 5	1. 12	
Current Residents from In-County	91. 1	82. 6	1. 10	86. 1	1.06	83. 5	1. 09	77. 5	1. 18	
Admissions from In-County, Still Residing	32. 6	25. 9	1. 26	22. 5	1.45	22. 9	1. 42	21. 5	1.51	
Admi ssi ons/Average Daily Census	78. 9	116. 8	0. 68	144. 6	0. 55	134. 3	0. 59	124. 3	0. 63	
Discharges/Average Daily Census	78. 9	117. 3	0. 67	146. 1	0. 54	135. 6	0. 58	126. 1	0.63	
Discharges To Private Residence/Average Daily Census	36. 7	43. 9	0.84	56. 1	0. 65	53. 6	0. 68	49. 9	0.74	
Residents Receiving Skilled Care	92. 0	91. 3	1. 01	91. 5	1.00	90. 1	1. 02	83. 3	1. 10	
Residents Aged 65 and Older	99. 1	97. 1	1. 02	92. 9	1.07	92. 7	1. 07	87. 7	1. 13	
Title 19 (Medicaid) Funded Residents	44. 6	56. 2	0. 79	63. 9	0. 70	63. 5	0. 70	69. 0	0.65	
Private Pay Funded Residents	52. 7	37. 5	1.40	24. 5	2. 15	27. 0	1. 95	22. 6	2. 33	
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 8	0.00	1. 3	0.00	7. 6	0.00	
Mentally Ill Residents	46. 4	36. 3	1. 28	36. 0	1. 29	37. 3	1. 24	33. 3	1. 39	
General Medical Service Residents	16. 1	21. 1	0. 76	21. 1	0. 76	19. 2	0.84	18. 4	0. 87	
Impaired ADL (Mean)	47. 9	50.8	0.94	50. 5	0. 95	49. 7	0. 96	49. 4	0. 97	
Psychological Problems	48. 2	50. 0	0. 96	49. 4	0. 98	50. 7	0. 95	50. 1	0. 96	
Nursing Care Required (Mean)	5. 7	6.8	0.84	6. 2	0. 92	6. 4	0. 88	7. 2	0.80	